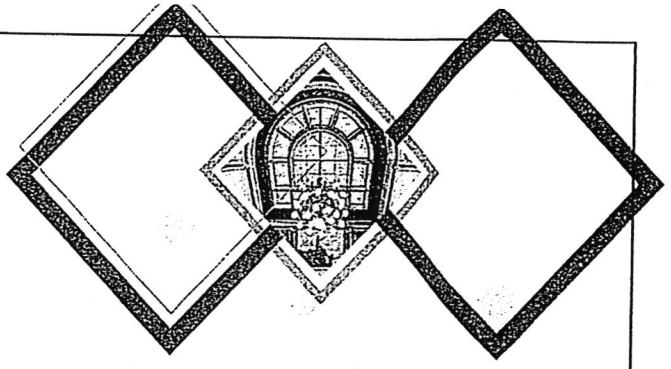
November 7, 2017

Economic Affairs Interim Committee
Pat Murdo, Legislative Services Staff



SJR 32 OVERVIEW

PERSPECTIVES ON EMERGENCY CARE CONCERNS

SJR 32 proposes to study emergency care providers not only from an emergency and– broader--community care perspective but from a desire for enhanced ability to provide medical care and access to care for veterans in particular. As stated in the resolution, the subject matters derive from two bills:

- SB 104, which related to expanding emergency care providers' scope of practice to allow nonemergency care and more integrated community care; and
- HB 612, which addressed allowing emergency care providers to obtain an endorsement with additional education to provide community-based care to veterans and their families.

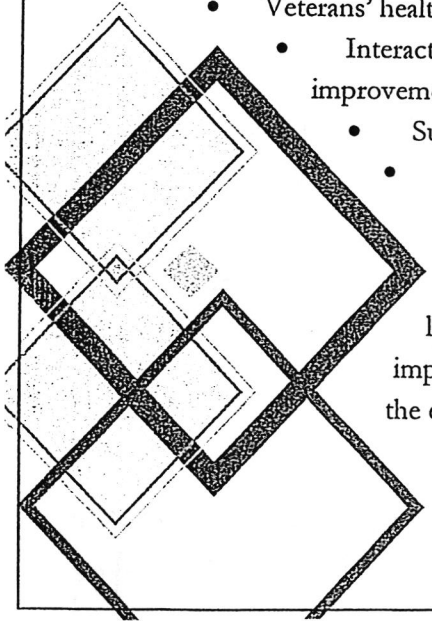
Specific SJR 32 Activities

Two of the three study areas in the resolution related to general emergency care topics, including laws related to emergency care providers and their role in the overall health care system. The third study area addressed the special health care needs of veterans and their families, including the need for suicide prevention.

The Economic Affairs Interim Committee chose to adopt a minimal approach to the SJR 32 study, given time and budget constraints, but to retain the option of expanding the study if committee members want more information at a later time. What the minimal approach meant was to receive 1 or 2 briefing papers on issues listed in the SJR 32 resolution plus one panel presentation. The panel presentation is set for the Nov. 7 EAIC meeting and will focus primarily on the interaction of veterans with emergency and community health care providers.

The Nov. 7 panel consists of the following presentations:

- An overview of the current scope of practice (see p. 2 for statutes and rules) for emergency care providers;
- Veterans' health care concerns from the state government's perspective;
- Veterans' health care concerns from the advocates' perspective;
- Interactions between active military and civilian emergency care providers and options for improvement;
- Suicide prevention related to emergency and community responders; and
- The role of dispatchers in responding to emergency calls.



Briefing papers have not yet been identified but most likely would relate to questions raised during the Nov. 7 meeting or to the specific study areas outlined in the resolution: current laws and the role of emergency care providers in the broader health care system plus ways to improve responses to the health care needs of veterans by determining if changes are needed in the existing emergency and community health care systems.

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SJR 32 Perspectives on Emergency Care Concerns
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Concerns about Access and Payment

SJR 32 seeks to cast more light on problems of health care access in Montana. The fact that most of Montana is a frontier (limited access) state in terms of health care underscores the difficulty of finding any health care provider, much less a specialist in suicide prevention. Montana is lucky to have volunteer emergency medical providers throughout the state, but these volunteer programs are facing their own crises in maintaining staffing as rural communities shrink, school districts combine, and employers occasionally say that an employee does not have the freedom to respond 24/7 to an emergency call.

Along with access concerns are issues related to payment. Emergency medical services may be paid by insurance but often the cost is balance-billed. This becomes a problem for the insured as well as the uninsured and even more of a problem if the emergency relates to mental health, which may not be recognized in some cases to be as much of an emergency as someone bleeding out because of a car crash.

Potential Solutions

Both SB 104 and HB 612 sought to provide solutions for emergency care providers. SB 104 proposed expansions in the scope of practice to allow emergency care providers to be part of a community care system. This approach may help hospitals that now have to recategorize an emergency care provider as a hospital tech as soon as the provider crosses the hospital threshold. Associated with that recategorization are liability concerns. HB 612 also sought to expand the scope by encouraging greater training in suicide prevention and crisis counseling for emergency care providers.

Technical Concerns

In addition to renaming emergency medical technicians as emergency care providers, SB 104 sought to change the language in 50-6-102(1) to remove the emergency and transport language and include language related to community care. The statute currently states:

> 50-6-201. Legislative findings — duty of board. (1) The legislature finds and declares that prompt and efficient emergency medical care of the sick and injured at the scene and during transport to a health care facility is an important ingredient necessary for reduction of the mortality and morbidity rate during the first critical minutes immediately after an accident or the onset of an emergent condition and that a program for emergency medical technicians is required in order to provide the safest and most efficient delivery of emergency care.
>
> (2) The board has a duty to ensure that emergency medical technicians provide proper treatment to patients in their care.

The Board of Medical Examiners has heard concerns that the current language may not allow emergency medical technicians to provide community care if the situation is not considered an emergency. That was one of the concerns SB 104 tried to fix.